U.S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8069	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Douglas F Allen	Name NFL Players Association		
	Labor Organization File Number 065-533		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 500		
Street 517 Princess St.	Street 2021 L Street, N.W.		
City Alexandria	City Washington		
State Virginia ZIP Code + 4 22314	State District of Columbia ZIP Code + 4 20036		
5. Position in labor organization.  AsstExecDir/NFLPA, Pres/PLAYERS INC			
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City Control of the C			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/11/2005 202-463-2200			

202-463-2200

Telephone Number

Date

Name of Person Filing Douglas Allen	File Number U-
Manie or Leison Limid Dondras Witer	
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Bert Bell Pete Rozelle NFL Player Ret. Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 2420  Street 200 St. Paul Place  City Baltimore  State Maryland ZIP Code +4 21202-2002	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Taft Hartley Trust pension plan* for NFL players  *Value of such dealing at least \$50 million
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. **
State ZIP Code + 4	12.a. Nature of interest held or income received.  Fund meeting expenses for lodging and meals
	12.b. Amount. \$2,863
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.  14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Tr.a. reture of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Douglas Allen	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	rely seeking to represent, or irrectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Chartwell Investment Partners	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any Suite 400	c. Employer
Street 1235 Westlakes Drive	Galileton d'
City Berwyn	
State Pennsylvania ZIP Code +4 19312-2416	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Bert Bell Pete Rozelle NFL Players Ret. Plan	Money manager for player pension fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 2420	
Street 200 St. Paul Place	11.b. Approximate dollar value of such dealing. \$30,000
City Baltimore	12.a. Nature of interest held or income received.
State Maryland ZIP Code + 4 21202-2002	Lunch
	12.b. Amount. \$37
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone	y of other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Douglas Allen		File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any).  Name Yablonski, Both & Edelman  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 800  Street 1140 Connecticut Avenue, N.W.  City Washington  State District of Columbia ZIP Code +4 20036	9. Business deals with:   a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such deali Outside labor coun  11.b. Approximate dollar valu  12.a. Nature of interest hel Christmas gift - w	te of such dealing.
	12.b. Amount.	\$200
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name (	Name of Person Filing Douglas Allen		File Number U-		
substar of an ei (2) any	an interest in or derived income or economic benefit with monetary valuatial part of which consists of buying from, selling or leasing to, or otherwaployer whose employees your labor organization represents or is active part of which consists of buying from or selling or leasing directly or indivith your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
Name Trade P.O. B Street City	e and address of Business (including trade name, if any).  Amalgamated Bank  Name, if any:  ox, Bldg., Room No., if any  11-15 Union Square  New York  New York  ZIP Code +4 10003-3378	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer			
10. If 9	b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.		
	Name, if any:  ox, Bldg., Room No., if any	Bank			
Street		11.b. Approximate dollar valu	ue of such dealing.	MINIMUM \$ 50,000	
City		12.a. Nature of interest held		Sain Sill (VI) Said and Said Said Said Said Said Said Said Sai	
State	ZIP Code + 4	Christmas gift - w	ine/liquor		
		12.b. Amount.	ine kanning managan sa kannang managan managan kannang managan sa kannang managan sa kannang managan sa kannang	\$289	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
	ame and address of Employer or Labor Relations Consultant cluding trade name, if any).	14.a. Nature of payment.		ANALIANAMAN (A. PERMANANTAN PERMANANTAN PERMANANTAN ANALIAN AND ANALIAN ANA	
Name					
Trade	Name, if any:				
P.O. E	Box, Bldg., Room No., if any				
Street					
City	ZIP Code + 4				
	Livering and an advantage of the control of the con	14 h Amount of			
13.b.	Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Douglas Allen	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or lective to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Reebok International, Ltd  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1895 J.W. Foster Blvd.  City Canton  State Massachusetts ZIP Code +4 02021	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Licensing Arrangement*  *The dollar value of this dealing is in excess of \$1,000,000. It is difficult for me to ascertain this amount due to time and confidentiality restraints.  11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received.  Reebok company store apparel items, shoes		
	12.b. Amount. \$1.85		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Douglas Allen	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Groom Law Group, Chartered  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1200  Street 1701 Pennsylvania Avenue NW  City Washington  State District of Columbia ZIP Code + 4 20006  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  A. Labor Organiza b. Trust c. Employer  11.a. Nature of such deali Legal services		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar values 12.a. Nature of interest hele Meals at business	d or income received.	
	12.b. Amount.	\$171	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		